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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning SEP 1 2012 and endi	ng π	JL 31, 2013				
B c	heck if oplicable	C Name of organization		D Employer identif	ication number			
T _v	Address change	MISSOURI YOUTH SOCCER ASSOCIATION INC.						
Ê	Name change	Doing Business As	_	43-128	32394			
F]initial return		n/suite	E Telephone number				
	Termin-	2230 BLUESTONE DRIVE	iyouno	636,946,0958				
-	Jated]Amend∈			G Gross receipts \$	1,164,011,			
干	Jreturn ∏Applica			H(a) Is this a group r				
_	tion _pending			for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates in				
	27.070	mpt status: x 501(c)(3)	527		a list. (see instructions)			
		: ► WWW, MOYOUTHSOCCER, ORG		H(c) Group exemption				
			l Year o		M State of legal domicile: MO			
		Summary	_ , , , ,	,, to,,,,,a.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		Briefly describe the organization's mission or most significant activities: TO PROMOTE	FOS	TER AND				
Governance	-	PERPETUATE THE GAME OF YOUTH SOCCER IN THE STATE OF MISSOURI.	1, 100	1011, 1010				
nar	_	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its net a	ssets			
Ver		lumber of voting members of the governing body (Part VI, line 1a)		3	12			
တ္		lumber of independent voting members of the governing body (Part VI, line 1b)		4	12			
భ	l '	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	5			
iţi		otal number of volunteers (estimate if necessary)	•	6	13			
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12		7a				
¥		let unrelated business taxable income from Form 990 T, impe-34		7b	 			
	<u> </u>	RECEIVED		Prior Year	Current Year			
	8 (O Company	<u> </u>	62.043	78,486,			
nue	ļ.	Program service revenue (Part VIII, line 2g) Program service revenue (Part VIII, line 2g) Provestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,000,880,	1.067.914.			
Ş.	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		88.	40.			
9		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19c, and 11e)		14.587	<28.848.>			
\mathbf{S}		otal revenue - add lines 8 through 11 (must equal Part VIII) column (A), line 12)		1,077,598,	1,117,592,			
z		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	16,613,			
Expenses CHINED Revenue		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
D,	ľ	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		245.074	216,675.			
-se	ì	Professional fundraising fees (Part IX, column (A), line 11e)		0	0.			
<u> </u>	1	otal fundraising expenses (Part IX, column (D), line 25) 50, 205	. \square		•			
٥Ğ	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	`	726,620	746,699.			
>	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		971 694	979 987			
2	1	Revenue less expenses Subtract line 18 from line 12		105,904	, , , , , , , , , , , , , , , , , , ,			
5 S			Beg	ginning of Current Year	End of Year			
Net Assets of Fund Balances	20	otal assets (Part X, line 16)		346,875	313,351,			
Age	21	Fotal liabilities (Part X, line 26)		364_909	T			
碧	22 1	Net assets or fund balances. Subtract line 21 from line 20		<18_034	119 571.			
	art II	Signature Block						
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and	i stateme	ents, and to the best of n	ny knowledge and belief, it is			
		, and complete. Declaration of preparer (other than officer) is based on all information of which p						
		· The		12.	12.13			
Sig	n	Signature of officer		Date				
Her		JIM MCCARTHY PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		ate Check [PTIN			
Paid	, (JENNIFER M. VACHA	2-12-13 self-emplo	yed P01251998				
Pre	parer	Firm's name BROWN SMITH WALLACE, L,L,C		Firm's EIN	43-1001367			
	Only	Firm's address 1520 SOUTH FIFTH ST., SUITE 309						
		ST, CHARLES, MO 63303		Phone no. 6	36.255.3000			
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			x Yes No			
		LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2012)			

Pa	n 990 (2012) MISSOURI YOUTH SOCCER ASSOCIATION INC.	43-128239	4 Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	<u> </u>	<u> x</u> _
1	Briefly describe the organization's mission:		
	TO PROMOTE, FOSTER, AND PERPETUATE THE GAME OF YOUTH SOCCER IN THE		· · · · · · · · · · · · · · · · · · ·
	STATE OF MISSOURI,		-
		·	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	_	Yes X No
	If "Yes," describe these new services on Schedule O	•	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	Yes X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services	, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total ex	penses, and
	revenue, if any, for each program service reported.		, <u>_</u>
4a	(Code) (Expenses \$	evenue \$	<u>291.872.</u>)
	CUP PROGRAMS: HOST TOURNAMENTS THAT FACILITATE COMPETITIONS FOR BOYS		
	AND GIRLS TEAMS IN MULTIPLE AGE BRACKETS AS TEAMS EARN THEIR WAY FROM		
	THE TOP TEAMS IN THEIR STATE TO THE REGIONAL CHAMPIONSHIP TOURNAMENTS.		
		~	···
4b	(Code) (Expenses \$) (Expenses \$) (R	evenue \$	170,916.)
	OLYMPIC DEVELOPMENT: IDENTIFY AND DEVELOP THE TOP PLAYERS REGISTERED		
	WITHIN THE STATE OF MISSOURI TO PROMOTE DEVELOPMENT THROUGH QUALITY		
	COACHING AND TO HELP THESE PLAYERS GAIN RECOGNITION ON THE REGIONAL AND		
	NATIONAL LEVELS.		
			
	ATTENDED TO THE PARTY OF THE PA		
4c	(Code) (Expenses \$ 57,124, including grants of \$) (R	evenue \$	85,122.)
4c	COACHING DEVELOPMENT: ASSIST MEMBER CLUBS IN EDUCATION AND TRAINING OF	evenue \$	85,122.)
4c		evenue \$	85,122.)
4c	COACHING DEVELOPMENT: ASSIST MEMBER CLUBS IN EDUCATION AND TRAINING OF	evenue \$	85,122.)
4 c	COACHING DEVELOPMENT: ASSIST MEMBER CLUBS IN EDUCATION AND TRAINING OF	evenue \$	85,122.)
4 c	COACHING DEVELOPMENT: ASSIST MEMBER CLUBS IN EDUCATION AND TRAINING OF	evenue \$	85,122.)
4 c	COACHING DEVELOPMENT: ASSIST MEMBER CLUBS IN EDUCATION AND TRAINING OF	evenue \$	85,122.)
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4c	COACHING DEVELOPMENT: ASSIST MEMBER CLUBS IN EDUCATION AND TRAINING OF	evenue \$	85,122.)
4 c	COACHING DEVELOPMENT: ASSIST MEMBER CLUBS IN EDUCATION AND TRAINING OF	evenue \$	85,122.)
4 c	COACHING DEVELOPMENT: ASSIST MEMBER CLUBS IN EDUCATION AND TRAINING OF	evenue \$	85,122.)
4 c	COACHING DEVELOPMENT: ASSIST MEMBER CLUBS IN EDUCATION AND TRAINING OF	evenue \$	85,122.)
	COACHING DEVELOPMENT: ASSIST MEMBER CLUBS IN EDUCATION AND TRAINING OF SOCCER TEAM COACHES.	evenue \$	85,122.)
	COACHING DEVELOPMENT: ASSIST MEMBER CLUBS IN EDUCATION AND TRAINING OF SOCCER TEAM COACHES. Other program services (Describe in Schedule O.)		
	COACHING DEVELOPMENT: ASSIST MEMBER CLUBS IN EDUCATION AND TRAINING OF SOCCER TEAM COACHES.		

Form 990 (2012) MISSOURI YOUTH SOCCER ASSOCIATION INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ĺ		
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3_	-	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4	-	Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_5		<u> </u>
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		Х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_x
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
_	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	400		**
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		Х
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15_		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ļ		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_ <u>x</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	2046

Form 990 (2012) MISSOURI YOUTH SOCCER ASSOCIATION INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		(
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		ı
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04-	Schedule J	23		_ <u>X</u>
243	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	04-		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		<u>x</u> _
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	 	
·	any tax-exempt bonds?	24c	}	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2.40		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	}	x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		`	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		i	
_	instructions for applicable filing thresholds, conditions, and exceptions).		1	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
р	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		_X
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Ì	X _
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_ X _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>x</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	ì	1	
05-	Part V, line 1	34		<u>x</u> _
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		—–
50	If "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	32		<u>_x</u> _
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u></u>		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form	990 (2012\

Form 990 (2012)

MISSOURI YOUTH SOCCER ASSOCIATION INC.

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

	Grigoria delicada de delicario di responso to uny questioni il ilia il all' v	:-	<u> </u>	<u></u> _
	The state of the second of Band of Eq. (1999) Ed. (1999		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5	2	ļ	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vanders and reportable games.	믝	ŀ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c	X	┼
Za		_		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		İ
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	x	┼─
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	_	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
ь	If "Yes," enter the name of the foreign country	Tu		<u> </u>
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	}	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		 -
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			İ
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		i	1
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
ь 10	Section 501(c)(7) organizations. Enter.	90		
a	Initiation fees and capital contributions included on Part VIII, line 12	} }	- 1	1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	i	
11	Section 501(c)(12) organizations. Enter:	1]		
а	Gross income from members or shareholders	,		l
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them))	}	ı
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		-	
	organization is licensed to issue qualified health plans] [
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	[Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	I	
		F	OOO .	100401

Form 990 (2012) MISSOURI YOUTH SOCCER ASSOCIATION INC. 43-1282394 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 'to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			-
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	x	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	x	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ļ	х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by independent	İ		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b]	_x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ŀ		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	ł	
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ì	1	
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ĺ		
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE		_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vaılabl	е	
	for public inspection. Indicate how you made these available Check all that apply.			
	Own website Another's website Lx Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	l finan	cıal	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	on: 🕨		
	THE ORGANIZATION - 636.946.0958			
	2230 BLUESTONE DRIVE ST. CHARLES MO 63303			

Form	990	(201	2)

MISSOURI YOUTH SOCCER ASSOCIATION INC.

<u>43-1282394</u>

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees; and former such persons

Check this box if neither the organization r	or any related	orga	anıza	ation	CO	mpe	nsa	ted any current officer,		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	'	compensation	amount of
	week	-	T		Tect	Jiruus	100)	from	from related	other
	(list any	director				L	ĺ	the	organizations	compensation
	related	6	ige			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	trustee	Institutional trustee		yee	in the second		(***2/1033 W100)		and related
	below	Individual	ig i	_	윹	st co	5			organizations
	line)	Indiv	ınstıt	Officer	Key employee	Highest compensated employee	퉏			
(1) KELLY ROSS RESIGNED 10/1/12	10.00									
PRESIDENT		х		Х		<u> </u>		0,	0.	0.
(2) CHRIS MARTINEZ VP 8/1-9/30/12	10.00	ļ				İ				
PRESIDENT 10/1/12-7/31/13		X		X		<u> </u>		0.	0.	0.
(3) WARREN BROWN	1.00	-								
TREASURER	<u> </u>	х		Х		<u> </u>		0.	0.	0.
(4) ROBYN GROSS	1.00									
SECRETARY		х	_	X	_	<u> </u>		0.	0.	0.
(5) MIKE HAYS	5.00	ļ								
REGISTRAR		Х	<u> </u>	X				0.	0.	0.
(6) BRENT MCGINTY	1.00									
CENTRAL DISTRICT COMMISSIO		X						0.	0.	0.
(7) MIKE DEANE	1.00									
EASTERN DISTRICT COMMISSIO		х				<u> </u>		0.	0.	0.
(8) CHRISTINE PHILPOT	1.00	l								
SOUTHERN DISTRICT COMMISSI		X	_					0.	0.	0.
(9) DAVID HIXSON	1.00	Į								
WESTERN DISTRICT COMMISSIO		х				<u></u>		0.	0.	0.
(10) JIMI BARBAROTTA	1.00									
CENTRAL DISTRICT ALT, COMM		х		_				0.	0.	<u> </u>
(11) DENNIS ST. JOHN	1.00									
EASTERN DISTRICT ALT, COMM		х				i		0.	0.	0.
(12) V.A. SAMARANAYAKE	1.00									
SOUTHERN DISTRICT ALT, COM		Х						0.	0.	0.
(13) TONY LAROSE	1.00									
WESTERN DISTRICT ALT, COMM		Х						0.	0.	0.
(14) JAKE GRIESENAUER	40.00							İ		
EXECUTIVE DIRECTOR				X				58,226.	0.	0.
										
			<u> </u>							

ra	Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C		es (continued)				
	(A)	(B) (C)							(D)	(E)			(F)	
	Name and title	Average	(do			Position ack more than one			Reportable	Reportable		E	stımat	ted
		hours per	box	(, unle	ess pe	erson	ıs bo	th an	compensation	compensatio		a	mount	
		week (list any	-			director/truste		100)		from related			othe	
		hours for	director						the	organizations		1	npens	
		related	5	20			sated		organization	(W-2/1099-MIS	iC)	1	from th	
		organizations	ıste	l trus		8	i be		(W-2/1099-MISC)			1	ganıza nd rela	
		below	dualt	l gg	_	[음	st co					ľ	anızat	
		line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l o.a	,	
			Ī	 -	一	1	1==	┌┈				 		_
			1	1										
												1		
			1											
														_
			1											
				_										
			1											

							<u> </u>		[
		J					<u> </u>							
1b	Sub-total								58,226.		0.			0
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0,
<u>d</u>	Total (add lines 1b and 1c)						<u> </u>		58,226.		0.			0,
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wł	no re	eceived more than \$100	,000 of reportable	•			
	compensation from the organization													
													Yes	No
3	Did the organization list any former officer,		ıste	e, ke	y en	npio	yee,	or l	highest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s								•			3		х
4	For any individual listed on line 1a, is the su								•	he organization				
	and related organizations greater than \$150											4	ļ	х
5	Did any person listed on line 1a receive or a					_		elate	ed organization or individual	dual for services	i			
_	rendered to the organization? If "Yes," com	plete Schedul	e J f	or st	ich l	pers	on			· -		_5_		X_
	tion B. Independent Contractors													_
1	Complete this table for your five highest co										ens	ation 1	from	
	the organization. Report compensation for	tne calendar y	eare	enaii	ng w	/ith (or w	tnin		ear.				
	(A) Name and business	address						1	(B) Description of se	envices	C		C) nsatio	n
	, tamo and basiness		NOI	NE_			•	-+	2000 Pilot of St			Ompe		
								+	· · · · · · · · · · · · · · · · · · ·	-·- -				
								\dashv						
								- }						
								\dashv					~	
													•	
2	Total number of independent contractors (i	ncludina but n	ot lır	nıter	d to	thos	se lis	L heta	above) who received me	ore than				
_	\$100,000 of compensation from the organi						0		IIIO 1000IFCU III	5				

Statement of Revenue Part VIII Check if Schedule O contains a response to any question in this Part VIII (B) (C) (D) Revenue excluded Related or Unrelated Total revenue from tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a Membership dues 1b Fundraising events 1c 73,353 Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 5,133 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a 1f 78,486 Business Code Program Service Revenue 2 a MEMBERSHIP DUES 711300 463 338 463,338 711300 b CUP PROGRAMS 291,872 291,872 C OLYMPIC DEVELOPMENT 711300 170 916 170,916 d COACHING DEVELOPMENT 711300 85,122 85,122 OTHER SOCCER FEES 711300 56,666 56,666 f All other program service revenue Total, Add lines 2a-2f 1.067.914 Investment income (including dividends, interest, and other similar amounts) 40 Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 6 a Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss) (i) Securities (ii) Other Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 73,353. of contributions reported on line 1c) See Part IV, line 18 а b Less direct expenses 418 c Net income or (loss) from fundraising events <44.418. <44,418.> 9 a Gross income from gaming activities See Part IV, line 19 Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 8,203 Less: cost of goods sold b 2,001 Net income or (loss) from sales of inventory 6,202 6,202 Business Code Miscellaneous Revenue 511140 11 a MAILING LIST SALES 8,586 8,586 900099 INSURANCE PROCEEDS 782 782. All other revenue Total. Add lines 11a-11d 9,368 Total revenue. See instructions.

1,117,592

1,074,116

8_586

<43.596.>

Form 990 (2012)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 16,613 16,613 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 56,424 14,106 42,318 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salanes and wages 140,330 76,017 24,018 40,295. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,603 1,440 1.086 1,077. Other employee benefits Payroll taxes 10 16,318 7.474 5.502 3,342. Fees for services (non-employees) Management 3,585 3,585 Legal Accounting 8,575 4,288 4,287 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 10,982 5.491 5,491 13 Office expenses 36,600 8 640 27,960 Information technology 14 Royalties 15 Occupancy 16 30,238 15,119 15,119 14,018 14.018 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 13,808 12,440 1,368 20 7,061 7,061 21 Payments to affiliates Depreciation, depletion, and amortization 22 5,125 2,562 2,563 23 62,238 56,014 6,224 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a UBI TAXES 2.824 2,824 CUP PROGRAMS AND TOURNA 348,904 348,904 OLYMPIC AND COACHING DE 181,742 181,742 RISK MANAGEMENT 13,935 13,935 e All other expenses 7,064 5,081 1,983 Total functional expenses. Add lines 1 through 24e 979,987 783,884 145,898 50,205. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here _____ if following SOP 98-2 (ASC 958-720)

Form 990 (2012)
Part X Balance Sheet

		Check if Schedule O contains a response to an	y ques	tion in this Part X						
					(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing			289,466.	1	258,578.			
	2	Savings and temporary cash investments				2				
	3	Pledges and grants receivable, net				3	L			
	4	Accounts receivable, net			3,766.	4	26,086.			
	5	Loans and other receivables from current and for	ormer (officers, directors,						
		trustees, key employees, and highest compensations	ated e	mployees Complete						
		Part II of Schedule L				5				
	6	Loans and other receivables from other disquali	fied pe	ersons (as defined under						
		section 4958(f)(1)), persons described in section	1 4958	(c)(3)(B), and contributing						
		employers and sponsoring organizations of sections	tion 50	11(c)(9) voluntary						
		employees' beneficiary organizations (see instr)	Comp	olete Part II of Sch L		6	<u></u>			
Assets	7	Notes and loans receivable, net				7				
Ass	8	Inventories for sale or use			7,832.	8	9,501,			
	9	Prepaid expenses and deferred charges			22,110.	9	1,110.			
	10a	Land, buildings, and equipment, cost or other								
		basis Complete Part VI of Schedule D	10a	44,753.						
	Ь	Less: accumulated depreciation	10b	28,677.	21,201.	10c	16,076.			
	11	Investments - publicly traded securities				11				
	12	Investments - other securities See Part IV, line 1	11 .			12	-			
	13	Investments - program-related See Part IV, line	vestments - program-related See Part IV, line 11							
	14	Intangible assets				14	· · · · · · · · · · · · · · · · · · ·			
	15	Other assets. See Part IV, line 11		. Г	2,500.	15	2,000.			
	16	Total assets. Add lines 1 through 15 (must equal	34)	346,875.	16	313 351.				
	17	Accounts payable and accrued expenses			44 244.	17	100,718.			
	18	Grants payable		. [18				
	19	Deferred revenue .		[105,095.	19	7,418.			
	20	Tax-exempt bond liabilities				20				
တ္ဆ	21	Escrow or custodial account liability. Complete f	of Schedule D		21					
Liabilities	22	Loans and other payables to current and former	office	rs, directors, trustees,						
abi		key employees, highest compensated employee	s, and	disqualified persons.						
Ξ		Complete Part II of Schedule L				22				
	23	Secured mortgages and notes payable to unrela	ited th	ird parties		23				
	24	Unsecured notes and loans payable to unrelated	d third	parties	215,570.	24	85,644.			
	25	Other liabilities (including federal income tax, page	yables	to related third	•					
		parties, and other liabilities not included on lines	17-24) Complete Part X of						
		Schedule D .				25				
	26	Total liabilities. Add lines 17 through 25	_		364 909	26	193,780,			
		Organizations that follow SFAS 117 (ASC 958), che	ck here 🕨 🗓 and	•					
S		complete lines 27 through 29, and lines 33 an	d 34.							
J.	27	Unrestricted net assets			<18,034.	- 27	119,571.			
3ala	28	Temporarily restricted net assets				28				
Net Assets or Fund Balances	29	Permanently restricted net assets		. <u>.</u>		29				
Ē		Organizations that do not follow SFAS 117 (A	SC 95	8), check here ▶ 🔲						
5		and complete lines 30 through 34.								
ets	30	Capital stock or trust principal, or current funds				30				
Ass	31	Paid-in or capital surplus, or land, building, or eq	uıpme	nt fund		31				
et,	32	Retained earnings, endowment, accumulated in	come,	or other funds		32				
Z	33	Total net assets or fund balances			<18,034.	. 33	119,571.			
	34	Total liabilities and net assets/fund balances		<u></u>	346 875	34	313 351.			

Fom	1990 (2012) MISSOURI YOUTH SOCCER ASSOCIATION INC.	<u>43-1282394</u>	Į.	Pa	<u>ige 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	·			
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	. 117	592.
2	Total expenses (must equal Part IX, column (A), line 25)	2		979	987.
3	Revenue less expenses Subtract line 2 from line 1	3			605.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<18	034.:
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		119	571.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	x Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1 ,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?	•	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	·	3b		
			Form	990 ((2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Inspection

Nar	ne of t	the organizat	ion							mployer identification number				
_			MISSOURI Y	OUTH SOCCER ASSOCI	ATION]	INC.				4	3-128239	4		
	ert I			rity Status (All organiz					tructions	·				
Γhe	organ			because it is (For lines										
1	\blacksquare			s, or association of chur			ection 170)(b)(1)(A)(i).					
2	\vdash			70(b)(1)(A)(ii). (Attach Sc										
3				ital service organization										
4	ш			operated in conjunction	with a hos	spital desc	nbed in se	ection 170)(b)(1)(A)	(iii). Enter	the hospita	al's nar	ne,	
		city, and stat												
5				benefit of a college or un	niversity o	wned or o	perated by	a govern	mental u	nit describ	oed in			
_			(b)(1)(A)(iv). (Compl	•										
5	님			nent or governmental uni										
′	ш			ceives a substantial part	ot its supp	ort from a	governm	ental unit o	or from th	ie general	public des	cribed	ın	
•		-	(b)(1)(A)(vi). (Comple		(Complete	Down III								
8	\Box			section 170(b)(1)(A)(vi).				محمدات ما		6		4 .	•	
9	ىم			eives: (1) more than 33 f nctions - subject to certa										
				axable income (less sect							_			
			509(a)(2). (Complet		lion o i i ta	ix) 110111 bu	1311163363	acquired t	y ine org	jailization	anei Julie	30, 19	/5	
10				perated exclusively to te	st for publ	ic safety S	See sectio	n 509/a)/	4)					
11				perated exclusively for th					-	rv out the	nurnoses	of one	or	
				ations described in secti									٠.	
				organization and comple				,		(-)(-).				
		a Type	· · · · · · · · · · · · · · · · · · ·			nctionally			yT 🛄 ty	pe III - No	n-functiona	illy inte	arated	
e		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o					-	
				han one or more publicly							-			
f		If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III e					
		supporting o	rganization, check ti	his box										
g	1	Since August	t 17, 2006, has the	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing pe	rsons?				
		(i) A perso	n who directly or inc	lirectly controls, either al	one or tog	ether with	persons o	described	ın (ıi) and	(III) below	,	Yes	No	
		the gove	erning body of the s	upported organization?							11g(i)	<u> </u>		
		(ii) A family	member of a perso	n described in (i) above?			-				11g(ii))	ļ	
			-	ı person described in (i) o		•		-			11g(iii)		
h	1	Provide the f	ollowing information	about the supported or	ganization	(s)								
		·	Ī	1	la	- -			6.33					
(i)		of supported	(ii) EIN			organization sted in your			organizat		(vii) Amour		netary	
	orga	inization				document?			(i) organi	zed in the S.?	Suj	pport		
				(see instructions))	Yes	No	Yes	No	Yes	No				
									100					
									<u> </u>					
		·-												
						_								
								<u> </u>		+				
[ot:	al .													

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012 MISSOURI YOUTH SOCCER ASSOCIATION INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support				<u> </u>		
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and				<u> </u>		
	membership fees received. (Do not						
	ınclude any "unusual grants.")	19,295.	26,377.	69,207,	62,043.	_78.486.	255,408.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	754 233.	935.865.	1.004.490.	1 000 880.	1,067,914,	4.763.382.
3	Gross receipts from activities that	754,255.	333,003.	1,004,400.	1,000,000.	1,007,314.	4,703,302.
Ü	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities			,,,	•		
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	773,528.	962,242.	1,073,697.	1,062,923.	1,146,400.	5,018,790.
7 a	Amounts included on lines 1, 2, and				, , ,		
	3 received from disqualified persons	15,173.	15,431.	13,565.	1,244.		45,413.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		·				0.
c	Add lines 7a and 7b	15,173.	15,431.	13,565.	1,244.		45 413
8	Public support (Subtract line 7c from line 6)						4.973.377.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	773,528.	962,242.	1,073,697.	1,062,923.	1,146,400.	5,018,790.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14.	1.	7.	88.	40.	150.
t	Unrelated business taxable income					-	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	14,	1.	7.	88.	40.	150.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	12,394.	7.375.	5.112.	14,587.		39,468.
12	Other income. Do not include gain or loss from the sale of capital	12,334.	,	3,112.	13,507,		
40	assets (Explain in Part IV)		4 036.			782.	4,818.
	Total support. (Add lines 9, 10c, 11, and 12)	785,936.	973,654.	1,078,816.	1,077,598.	1,147,222	5,063,226.
14	First five years. If the Form 990 is for	the organization's	tirst, second, third	i, tourth, or tiπh ta	x year as a section	n 501(c)(3) organiza	ation,
50	check this box and stop here ction C. Computation of Publi	ic Support Per	centade		•		
				aluma (fl)		45	00.00.00
	Public support percentage for 2012 (I		•	olumn (I))	-	15	98.23 %
	Public support percentage from 2011 ction D. Computation of Inves					16	97.80 %
				o 12 ookuma (6)		47	
	Investment income percentage for 20	· ·	•	e 13, Column (I))		17	.00 %
	Investment income percentage from 2			n line 14 and line	15 is more than 0	18 2 1/3% and line 1	% 7 to pot
198	a 33 1/3% support tests - 2012. If the	-				· ·	
t	more than 33 1/3%, check this box as 33 1/3% support tests - 2011. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che					-	▶∐
20	Private foundation If the organization	n did not check a b	oox on line 14 19a	or 19h check the	e hay and eas inc	tructione	▶

Schedule A (Form 990 or 990-EZ) 2012 MISSOURI YOUTH SOCCER ASSOCIATION, INC.	43-1282394	Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line and Part III, line 12 Also complete this part for any additional information. (See instructions).	10; Part II, line 17a or	17b;
ON 7/20/13 THE ORGANIZATION'S BOARD OF DIRECTORS VOTED TO CHANGE THE		
PISCAL YEAR END TO JULY 31ST. CONSEQUENTLY, THE ORGANIZATION IS REPORTING		
A SHORT YEAR COVERING THE PERIOD 9/1/12 TO 7/31/13.		
	,	·
		·

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Name of the organization Em

MISSOURI YOUTH SOCCER ASSOCIATION, INC.

Employer identification number

	MISSOURI YOUTH SOCCER ASSOCIAT	ION INC.	43-1282394
Pa	rt I Organizations Maintaining Donor Advised I	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		·
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(-)	(5)
1			<u> </u>
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's exc	•	└─ Yes └─ No
6	Did the organization inform all grantees, donors, and donor advis	ors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose c	onferring
	impermissible private benefit?	<u> </u>	Yes No
Pa	rt II Conservation Easements. Complete if the organization	zation answered "Yes" to Form 990, Pa	rt IV, line 7
1	Purpose(s) of conservation easements held by the organization (
	Preservation of land for public use (e.g., recreation or educ	 ;·· <i>*</i>	orically important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space		ou motorio structuro
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	t a consequation occument on the least
~	day of the tax year.	conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Hald sade End state Touris
_	Total number of conservation easements		Held at the End of the Tax Year
a		• •	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structu	• •	2c
d	Number of conservation easements included in (c) acquired after	8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the o	organization during the tax
	year >		
4	Number of states where property subject to conservation easem		
5	Does the organization have a written policy regarding the periodic	J ,	
	violations, and enforcement of the conservation easements it hol	ds?	L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	-	
7	Amount of expenses incurred in monitoring, inspecting, and enfo	=	
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170(h))(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIII, describe how the organization reports conservation e		·
	include, if applicable, the text of the footnote to the organization's	s financial statements that describes th	e organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of Ar	t, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990	Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 98)	58), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibits	on, education, or research in furtherand	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes	these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 98	58), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educa		
	relating to these items	•	,,
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		S S S S S S S S S S
2	If the organization received or held works of art, historical treasur	es. or other similar assets for financial o	ain provide
_	the following amounts required to be reported under SFAS 116 (A	-	an, provide
-	Revenues included in Form 990, Part VIII, line 1	to these items	b ¢
a h	Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • • •	
	, woods and add an included an included an included and included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included an included a		n

_		OUTH SOCCER ASS						<u>43-1282</u>		P	age 2
,Pa	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of th	e following tha	t are a sigi	nıficant	use of its	collection	n item	าร
	(check all that apply).										
а	Public exhibition	•	d 🖳	Loan or ex	change progra	ams					
b	Scholarly research		е 🗀	Other			_				
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how t	hey further	the organization	on's exem	pt purpo	se in Pai	t XIII		
5	During the year, did the organization solicit of				•	er sımılar a	ssets				
	to be sold to raise funds rather than to be m	aıntained as part of	the orga	inization's	collection?	••			Yes		No
Pa	rt IV Escrow and Custodial Arran	gements. Comp	lete if the	e organızat	ion answered "	Yes" to Fo	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ıan or other ınterme	diary for	contribution	ons or other as	sets not in	cluded		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table.				_	_		
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year				•		1d				
e	Distributions during the year						1e	_			
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes		No
b	If "Yes," explain the arrangement in Part XIII							_]
Pai	rt V Endowment Funds. Complete	f the organization ai	nswered	"Yes" to F	orm 990, Part I	V, line 10					
		(a) Current year	(b) F	rıor year	(c) Two years	s back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance		L	-							
b	Contributions .										
С	Net investment earnings, gains, and losses	···									
ď	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses						_				
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column	(a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held	and administer	ed for the	organiz	ation			
	by.									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3b		
4	Describe in Part XIII the intended uses of the					_					
Pai	rt VI Land, Buildings, and Equipm	ent. See Form 990), Part X	line 10							
	Description of property	(a) Cost or o	other	(b) Cos	st or other	(c) Accı	umulate	d	(d) Bool	k value	
		basis (investi	ment)	basis	s (other)	depre	ciation				
1a	Land										
ь	Buildings										
C	Leasehold improvements										
d	Equipment				39.043.		23.	725.		15	318.
<u>e</u>	Other				5 710			952.			758.
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line				▶			076
										 _	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			•
(A)	,		
(B)	•		· · · · · · · · · · · · · · · · · · ·
(C)	•		
(D)			
(E)			
(F)			
			
(G)			
(H)			
(I)	 -	-	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. See	- Form 000 Part V Inc		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or	end-of-vear market value
	(B) Book value	(c) Metrica of Valuation Cost of C	ond or your market value
(1)			
(2)		-	-
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, line 1			
	escription	***	(b) Book value
			(b) Book value
(1)			
(2)		·····	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line			<u> </u>
Part X Other Liabilities. See Form 990, Part X, III	ne 25.	(b) Book value	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)	_		
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line			
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text		-	reports the organization's

	edule D (Form 990) 2012 MISSOURI YOUTH SOCCER ASSOCIATION INC.		43-1282394	Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	1	
а	Net unrealized gains on investments	2a	-	
b	Donated services and use of facilities	2b	_	
С	Recoveries of prior year grants	2c	4 !	
d	Other (Describe in Part XIII)	2d	_	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3_	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	. 4b	_	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
<u>Paı</u>	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses per	r Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities	_ 2a		
b	Prior year adjustments .	2b		
С	Other losses	2c	7	
d	Other (Describe in Part XIII.)	2d	7	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	- • •	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	•		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	7	
	Add lines 4a and 4b		7 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	-	5	
	rt XIII Supplemental Information	· · · · · · · · · · · · · · · · · · ·		
-	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I e 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to			e 4; Part

Schedule D (Form 990) 2012

SCHEDULE G

Department of the Treasury

Internal Revenue Service

·(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Inspection

Name of the organization **Employer identification number** MISSOURI YOUTH SOCCER ASSOCIATION INC. 43-1282394 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations g x Special fundraising events C d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? _ Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Y<u>es</u> No LUCAS SPORTS, INC. - 227 EAST PROFESSIONAL SOCCER PLAYER 26,470 STREET WRENTHAM MA 02093 SPECIAL APPEARANCE Х 73,353 46,883. Total 73,353. 46,883. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	nedu art	le G (Form 990 or 990-EZ) 2012 MISSOURI Y Fundraising Events. Complete if the offundraising event contributions and g	he organization answered	d "Yes" to Form 990, Pa	art IV, line 18, or reported	
		of fundacing event contributions and g	(a) Event #1 PROFESSIONAL ATHLETE APPEARANCE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	73,353.			73,353.
	2	Less Contributions	73,353.			73,353.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes .				
m	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs .	1,207.		-	1,207.
Orect E	7	Food and beverages	675.			675.
_	8	Entertainment .			_	
	9	Other direct expenses .	42,536.			42,536.
	10 Direct expense summary. Add lines 4 through 9 in column (d)					
Γ p ₂	<u> 11</u> art	Net income summary Combine line 3, column II Gaming. Complete if the organization		990 Part IV line 19 or	reported more than	<44,418
<u></u>		\$15,000 on Form 990-EZ, line 6a	2.10.101.02	000, 1 41114, 11110 10, 01	reported more than	
_			(=) Pings	(b) Pull tabs/instant	(a) Other service	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
ě						
_	1	Gross revenue				
ses	2	Cash prizes	•			
Expenses	3	Noncash prizes		- 11-		
Direct	4	Rent/facility costs		· · · · · · · · · · · · · · · · · · ·		
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)			()
	8	Net gaming income summary Combine line 1	, column d, and line 7	· ···	>	
9		er the state(s) in which the organization opera he organization licensed to operate gaming ac	· · · -	rtatos?		Yes No
		No," explain:				. L. res L. No
		re any of the organization's gaming licenses re Yes," explain:		_	year?	Yes No
2320	82 01	-07-13			Schedule G (For	rm 990 or 990-EZ) 2012

<u>Sch</u>	nedule G (Form 990 or 990 EZ) 2012 MISSOURI YOUTH SOCCER ASSOCIATION INC. 43-12	82394	Page 3
41	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	%
b	An outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
•			
	Name		
	Address >		
	7001000		
150	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
1Ja	a boos the organization have a contract with a third party from whom the organization receives gaming revenue:	163	
	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
U	of gaming revenue retained by the third party > and the amount		
_	of garming revenue retained by the third party $\blacktriangleright \phi$		
С	c if fes, enter name and address of the third party		
	Name N		
	Name		
	All and N		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v), an	d Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional information		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2012 2012 Open to Public

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

2 Schedule I (Form 990) (2012) Employer identification number COACHING AND ASSISTANCE CHILDREN GROW AND LEARN TO HELP SPECIAL NEEDS Inspection (h) Purpose of grant or assistance 43-1282394 x Yes THROUGH SOCCER, Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of cash grant 16,613, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. MISSOURI YOUTH SOCCER ASSOCIATION, INC. 43-1821226 501(C)(3) Enter total number of other organizations listed in the line 1 table Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization SPECIAL NEEDS SOCCER ASSOCIATION or government SAINT LOUIS, MO 63129 4805 CROSSWOOD DRIVE Name of the organization Part II

232101 12-18-12

	ASSOCIATION	INC.			43-1282394 Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed	ited States. Con	nplete if the organiz	ation answered "Yes'	to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the informatio	in required in Part I,	line 2, Part III, colum	n (b), and any other additional in	formation.
SCHEDULE I, PART I, LINE 2: MISSOURI YOUTH SOCCER ASSOCIATION VERIFIED THE	SSOCIATION V	ERIFIED THE			
GRANT RECIPIENT'S CURRENT EXISTENCE AS A 501(C)(3) ORGANIZATION AND MADE A	ORGANIZATION	AND MADE A			
DIRECT GIFT TO FUND THEIR PROGRAM ACTIVITIES,					
232102 12-18-12					Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization **Employer identification number** MISSOURI YOUTH SOCCER ASSOCIATION INC 43-1282394 FORM 990 PART III LINE 4D OTHER PROGRAM SERVICES: MEMBERSHIP AND MULTIPLE OTHER INCIDENTAL ACTIVITIES CONDUCTED TO PROMOTE FOSTER AND PERPETUATE THE GAME OF YOUTH SOCCER IN THE STATE OF MISSOURI EXPENSES \$ 153,698. INCLUDING GRANTS OF \$ 16,613. REVENUE \$ 526, 206, FORM 990 PART VI SECTION A. LINE 4: ON JULY 20. 2013 THE BOARD OF DIRECTORS UNANIMOUSLY VOTED TO CHANGE THE ORGANIZATION'S FISCAL YEAR END TO JULY 31 EFFECTIVE FOR THE 2012 FORM 990. CONSEQUENTLY. THIS FORM IS A SHORT YEAR COVERING THE PERIOD AUGUST 1, 2012 TO JULY 31, 2013 FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERSHIP OF THE ORGANIZATION IS DIVIDED INTO TWO CLASSES OF MEMBERS. PROVISIONAL MEMBERS AND FULL PROVISIONAL MEMBERS ARE COMPRISED OF THOSE MEMBERS WHOSE APPLICATION FOR MEMBERSHIP HAS BEEN APPROVED BY THE DISTRICT COUNCIL AND THE BOARD OF DIRECTORS, BUT HAS NOT BEEN APPROVED BY THE COUNCIL AT AN ANNUAL MEETING OF THE MEMBERS OF THE ORGANIZATION. FULL MEMBERS ARE COMPRISED OF THOSE MEMBERS WHOSE MEMBERSHIP APPLICATION HAS BEEN ACCEPTED BY THE COUNCIL AT AN ANNUAL MEETING OF THE MEMBERS OF THE CORPORATION FORM 990 PART VI SECTION A LINE 7A: MEMBERS OF THE GOVERNING BODY ARE ELECTED BY MAJORITY VOTE OF THE DELEGATES OF THE FULL MEMBERS OF THE ORGANIZATION AT THE ANNUAL MEETING FORM 990, PART VI. SECTION A. LINE 7B: THE LEGISLATIVE AND JUDICIAL POWERS OF THE ORGANIZATION ARE VESTED IN A COUNCIL CONSISTING OF DULY ELECTED

Schedule O (Form 990 or 990 EZ) (2012)	Page 2
Name of the organization MISSOURI YOUTH SOCCER ASSOCIATION INC.	Employer identification number 43-1282394
DELEGATES FROM EACH FULL MEMBER. THE COUNCIL HAS THE POWER TO RATIFY,	
ALTER OR REJECT DECISIONS AND POLICIES OF THE BOARD OF DIRECTORS.	
THE BOARD OF DIRECTORS SHALL TRANSACT ALL BUSINESS OF THE ORGANIZATION,	
APPROVE OR REJECT APPLICATIONS FOR PROVISIONAL MEMBERSHIP, RE-EVALUATE AND	
RE-DEFINE DISTRICT BOUNDARIES, AND/OR THE NUMBER OF DISTRICTS. SAID	
ACTIONS OF THE BOARD OF DIRECTORS SHALL BE SUBJECT TO THE FINAL APPROVAL OF	
THE COUNCIL.	
FORM 990, PART VI, SECTION B, LINE 11: UPON RECEIPT OF A DRAFT FORM 990, A	
COPY IS PROVIDED TO THE ENTIRE BOARD, CHANGES, IF ANY, ARE INCORPORATED	
INTO THE FINAL COPY PRIOR TO ITS FILING WITH IRS.	
FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS NOTIFY THE BOARD OF	
POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE. THE BOARD OF DIRECTORS	
REVIEWS AND SUBSEQUENTLY VOTES ON THE POTENTIAL CONFLICTS OF INTEREST.	·
FORM 990, PART VI, SECTION B, LINE 15A: THE PROCESS FOR DETERMINING	
COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR INCLUDES A REVIEW OF	
COMPARABILITY DATA, INCLUDING COMPENSATION OF EXECUTIVE DIRECTORS OF OTHER	
STATE SOCCER ASSOCIATIONS, AND CONTEMPORANEOUS SUBSTANTIATION AND	
DELIBERATION OF THE DECISION. THE ORGANIZATION DOES NOT CURRENTLY HAVE KEY	
EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS	
AVAILABLE TO THE PUBLIC UPON REQUEST.	

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization MISSOURI YOUTH SOCCER ASSOCIATION INC.	Employer identification number 43-1282394
FORM 990, PART XI, LINE 2C:	
THERE HAVE NOT BEEN ANY CHANGES IN THE EXECUTIVE BOARD'S PROCESS FOR	
OVERSEEING THE COMPILATION OF THE FINANCIAL STATEMENTS OR SELECTING AN	
INDEPENDENT ACCOUNTANT.	
	